PRINTED; 04/21/2016 FORM APPROVED

	NT OF DIFFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(A2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING		(X3) DATE SURVEY COMPLETED C 04/19/2016	
		HAL092203				
NAME OF	PROVIDER OR SUPPLIER			STATE, AP CODE		
CHATHA	M COMMONS	BD9 WES CARY, N	T CHATHA! C 27512	MSTREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TRMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAC	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEPOSENCY)	D BE	(XS) COMPLE DATE
C 000	Initial Comments  Report of Complaint Survey by Ed Miller and Frank Strickland on April 19, 2016. A Biennial Construction Survey was completed at the same time.  The Complaint alleged that the facility did not have a clean and orderly environment, had unpleasant odors, and was not free of hazards.		C 000			
	November 1, 1982 a facility is currently lide 30 Bed Special Cafacility was surveyed 1977 Minimum Standards for the Aged, the 2005 Rules for L Homes of Seven or I (Revision 5) Edition.	s facility was first licensed on a A Home for the Aged. This ensed for 80 Beds (including are Unit). Therefore, this for conformance with the dards and Regulations for the applicable portions of icensing of Adult Care More Beds and the 1978 of the North Carolina State stitutional Occupancy.	,			
	Some of the Compla	int was substantiated.				
	Deficiencies were cit of correction.	ed which will require a plan.				
1	, ,	urnishings-Clean, Repaired	C 164	The fly fan that starts when the opens will be disconnected in a		it.
	FURNISHINGS (a) Adult care homes (1) have walls, ceilin coverings kept clean (2) have no chronic t (3) have furniture cle	S HOUSEKEEPING AND shall: gs, and floors or floor and in good repair;		to prevent unpleasant odors fro into building from smoking area cigarette butt ash trays will be r and the smoking room will be th cleaned.	m comir . All eplaced roughtly	
on of Hea	ith Service Regulation DIRECTOR'S OR PROVIDER	RAUPPLIER REPRESENTATIVES TOUR	7	es Executive Direc		servings

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	Division	Division of Realth Service Regulation						
ľ	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. SLIEDING: 01		(XII) DATE SURVEY COMPLETED			
			HAL092203	B. WING		04/1	) 9/2016	
ľ	NAME OF PROVIDER OR SUPPLIER STREET AD			DDRESS, CITY, STATE, ZIP GODE				
CHATHAM COMMONS 509 WEST CARY, NO				T CHATHAM STREET				
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF GORRECTIO (EACH CORRECTIVE ACTION SHOULD OROBS REPERENCED TO THE APPROP DEFICIENCY)	DBE	OMPLETE DATE	
		Continued From pay This Rule is not me 1. Based on Obse- control the apread of This would affect all by exposing them to Findings on April 19, a. The Library is ac used as the designal direct access via an and odors from the si Library and down the has an exhaust fan it but this fan vents int door has a fly fan the opens that is possible smoke/odor drifting it Housekeeping-Maint SECTION .0300 - Pr 10A NCAC 13F .030 FURNISHINGS (a) Adult care homes (b) be maintained in orderly manner, free hazards; (c) This Rule shell a facilities. This Rule is not met	ge 1  It as evidenced by: Invation, the facility failed to If chronic unpleasant odors, Iresidents, staff and visitors In unpleasant environment. It amount is a screened porch Ited amoking area and has a exterior door. The smoke Iresident is a screened porch Ited amoking area and has a exterior door. The smoke Iresident is a contident in the Iresident is contident in addition, the Iresident is a screened porch Iresident in addition, the Iresident is a start in the interior in addition, the Iresident is a screened porch Iresident in addition, the Iresident is a start in addition, the Iresident is a screened porch Iresident in addition, the Iresident in addition in addition Iresident in addi		ORGBS-REPERENCED TO THE APPROP	ighout	B/1/2016	
		<ol> <li>Based on Observations of he maintained free of he Findings on April 19,</li> <li>Bedrooms throughous bars were miss</li> </ol>	vation, the Bullding was not izards. 2016: phout the bullding - Many ing and the mounting ached to the door exposing					
-		·						

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Division of Health Service Regulation							
STATEME	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL092203	B. WING		C 04/19/2016		
NAME OF	PROVIDER OR SUPPLIER		DDBESS CITY	STATE 219 CODE	9-11/12/10		
				DRESS, CITY, STATE, ZIP CODE T CHATHAM STREET			
CHAIHA	M COMMONS		NC 27512				
(X4) ID PREPIX TAG	(EACH DEFICIENCY	JEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) OROSS-REPERENCED TO THE APPROP DEFICIENCY)	DRE COMPLETE		
D 324	Continued From pay	ge 2	D 324				
D 324	10A NCAC 13F .090 And Services  10A NCAC 13F .090 Services  (d) Telephone. (1) A telephone sha providing privacy for receive calls. (2) A pay station tell local calls; and (3) It is not the resident's toll calls  This Rule is not med. Based on Obser always provide acces Findings on April 19, a. Telephone Room paper stuffed in the stape preventing the of the paper and tape door can latch as is a When the door close	06 (d) Other Resident Care 06 Other Resident Care And all be available in a location residents to make and ephone is not acceptable for home's obligation to pay for a  t as evidenced by: reation, the Facility did not as to a tetephone. 2016: n - the corridor door had etrike plate and covered with door from latching closed, was removed so the corridor required by Building Code, as it locks and there are no is closed and locked,	D 324	The paper stuffed in the strike p tape covering strike plate has be removed from corridor door lead telephone room. The door knob been replaced with a door knob does not look.	en ing into has		
DIVISION OF HO STATE PORM	atth Service Regulation			/ML21	If continuation sheet 3 of 3		

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